NEVADA FINANCIAL DISCLOSURE STATEMENT (Attach additional sheets if necessary.) DEC 0 1

COMMISSION ON ETHICS

NAME Shave A. Bybue MAILING ADDRESS 1100 A Jenue L CITY, STATE, ZIP Ely NV 8930 1 TELEPHONE 775-289-6200	LENGTH OF RESIDES LENGTH OF RESIDES VOTE 37			IA MS
List all public offices for which this financial disclosure stater	nent is required [NRS 2	ANNUAL all elected and (appointed public officers aft (no later than Jan. 15	CANDIDATE AF (no later than to fill the 10th day of ter the last day ap o qualify as a	PPOINTMENT I unexpired term i an elected or pointed public officer rithin 30 days)
Dishlip / Ithop	enual Term or ensation Date Appointed 20,00 7/1/2001	each year) NRS 281.549(1)(b) 281.551(1)(b)	NRS	NPS 281.559(1)(a)
List all general sources of income for you and members of you and you are also as a second and you are also as a second and you are a second and y	our household over 18 Great Pasin Great Pasin	years of age [NRS Rod E in Blod E	281.571, Subse Self	Household
	sted below, and (2) det	ot for which a sect		

List each business entity (i.e., organizatio firm, business, trust joint venture, syndical involved as a trustee, beneficiary of a trustal a class of stock or security representing 1 [NRS 281.571, Subsection 1(f)]:	ate, corporation or associati it, director, officer, owner in	ion) with which you or a li whole or in part, limited o	member of your household is general partner, or holder of
M.B. Bylene Co. I	nc. Ely,	Nexda	Self Household Member
List specific location and particular use of your household has a legal or beneficial in state or an adjacent state (NRS 281.571, Subs	terest; (2) the fair market va section 1(c)]:	lue of which is \$2,500 or	
List the identity of donor and value of each during the preceding taxable year [except consanguinity or affinity; and (2) ceremonia occasion if the donor does not have a subst [NRS 281.571, Subsection 1(e)]:	 a gift received from a peal gifts received for a birthda 	erson who is related to you	u within the third degree of holiday or other ceremonial
M/A	Donor		Value of Gift \$\$ \$\$ \$\$ \$\$ \$\$
THE INFORMATION I HAVE PROVIDED H	EREIN IS ACCURATE AND	COMPLETE.	
4/2/4	Signature:	AA	